

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Write the full name of each plaintiff.

*Akasha Tasia Barker*  
-against-

*The City of New York, DHS, HRA*

**19 CV 2582**

CV  
(Include case number if one has been assigned)

**COMPLAINT**

Do you want a jury trial?

Yes  No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

Federal Question

Diversity of Citizenship

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

The Americans w/ Disabilities Act, and the 1st and 14th Amendments of the US Constitution, as well as the Fair Housing Act and multiple other Federal laws and Statutes relating to people w/ disabilities

### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, Akasha Barker,  
(Plaintiff's name)

New York

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_

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If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, City of New York, DHS, HRA,  
(Defendant's name) is a citizen of the State of \_\_\_\_\_

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_.

If the defendant is a corporation:

The defendant, \_\_\_\_\_, is incorporated under the laws of the State of \_\_\_\_\_

and has its principal place of business in the State of \_\_\_\_\_.

or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Akasha

First Name

Middle Initial

Barker

Last Name

Street Homeless

Street Address

New York

NY

County, City

State

Zip Code

917 496 6312

Email Address (if available)

Telephone Number

enlightendpossibilities@gmail.com

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

The City of New York

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 2:

NYC Department of Homeless Services

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 3:

NYC Human Resources Administration

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

### III. STATEMENT OF CLAIM

Place(s) of occurrence:

New York City

Date(s) of occurrence:

May /17 - present

#### FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

I am a Transgender woman w/ many medical conditions which require privacy—so that I may be in compliance w/ my obligations as a Transgender patient.

My conditions include PTSD and anxiety. Ever since I entered the DHS Shelter System, they deprived me the privacy — in a single room — and ~~an~~<sup>(AB)</sup> individual sleeping space needed to reduce my medical symptoms and promote overall health. My conditions technically make me disabled under The ADA — Trans related "PTSD".

and anxiety. While at WIN West Womens Shelter I asked for a single room for my Trans related disabilities and needs, WIN Staff refused. I experienced mistreatment and deprivation of my rights while at WIN. Eventually I was transferred when I complained about conditions I have been being abused at the "New Placement" for over almost two years. In the last several weeks DHS has been made aware that I am now homeless again and need a placement. My Doctor has ordered a single room "as treatment" and DHS is refusing. So INJURIES: I am homeless — and dont feel safe at a women's shelter.

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Physical abuse ("New Placement post WIN West)  
Psychological abuse (Staff at WIN; individuals at New Placement Post WIN); ~~for SAB~~ Being forced to prostitute to earn money to pay for safe, medically appropriate housing to avoid the streets.  
I stay in hotels and must sell my body to afford the rooms.

IV. RELIEF  
State briefly what money damages or other relief you want the court to order.

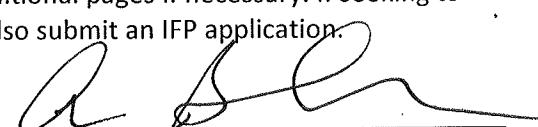
Monetary Damages, in order compelling DHS to house me according to my medical needs and providers recommendations

## V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

March 21, 2019   
Dated Plaintiff's Signature  
Akasha Tonia Barker  
First Name Middle Initial Last Name  
Street Homeless  
Street Address

County, City 917496 6312 State \_\_\_\_\_  
Telephone Number

Zip Code enlightendpossibilities@gmail.com  
Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes  No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

## CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
2. I have established a PACER account;
3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

### Civil case(s) filed in the Southern District of New York:

**Note:** This consent will apply to all cases that you have filed in this court, so please list all of your pending and terminated cases. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).

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<u>Barker, Akasha, Ton'a</u>			
Name (Last, First, MI)			
<u>Street</u>	<u>Homeless</u>	<u>State</u>	<u>Zip Code</u>
<u>917 496 6312</u>			
<u>Telephone Number</u>	<u>E-mail Address</u>	<u>Enlightenedpossibilities@3Mai.com</u>	
<u>March 21, 2019</u>	<u>Signature</u>	<u>R. B.</u>	
<u>Date</u>			

### Return completed form to:

Pro Se Intake Unit (Room 200)  
500 Pearl Street  
New York, NY 10007



**Dr. Matthew Pabis  
57 St. Mark's Place, New York, NY 10003  
Tel: 212 982 3470; Fax: 212 477 0521**

March 21, 2019

To Federal Court System;

I am writing on behalf Akasha Barker (DOB: 06/13/1979) as her primary care doctor in coordination with her psychiatric team. Ms Barker has had surgery that requires her to do certain procedures to herself daily. Therefore she would need a private room to perform these medically necessary procedures.

Additionally, Ms Barker suffers from PTSD, panic attacks, and general anxiety. If she were to be put in a room with other people, or in a large group room her PTSD and anxiety would be dangerously increased and trigger multiple panic attacks which would be detrimental to her mental health.

If you have any questions, please feel free to contact me.

Thank you

Dr Matt Pabis

MATTHEW PABIS MD  
57 ST. MARK'S PLACE  
NEW YORK, N.Y. 10003  
Tel: 212-982-3470  
Fax: 212-420-0521

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